

## Montana's Program Improvement Plan **Approved PIP**

<b>PIP General Information:</b>	
ACF Region: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input checked="" type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/>	
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## Introduction:

The Montana Department of Public Health and Humans Services (DPHHS) Child and Family Services Division (CFSD) had a Child and Family Services Review (CFSR) and a Legislative performance audit conducted consecutively during the summer of 2002. Each utilized separate tools for its respective review. The Legislative audit reviewed cases in many areas of the state; the CFSR was focused on three sites. However, both reviewed paper and electronic files and both interviewed stakeholders and service providers. The outcomes of both the CFSR and the Legislative performance audit pointed to some generalized and specific areas that require improvement. Both specifically pointed to documentation of strategic decision-making. With this generalized improvement identified, Montana Child and Family Service Division aims at improving not just the documentation to “pass” an audit or review but to look at ways to improve outcomes for children and families. This must be accomplished without adding additional work to a staff that cannot take on additional workload. Duplicative and repetitive work must be eliminated. The vision is to create a system that is a blueprint for good social work practice, has performance indicators for assuring quality, and, generally speaking, is an improved master plan of how the State does the work of its mission to keep children safe and families strong.

In developing this plan, practice strengths such as Family Group Decision-making Meetings and permanency planning staffings were identified as practices to perpetuate. How data is counted and what really counts was considered in reaching the national standards for reoccurrence of child maltreatment. The Statewide Assessment gave some direction on how to improve on those areas that were identified as concerns such as lack of quality assurance. In local child protection teams and in local advisory councils CFSD gathered more input on how to develop a system that works to meet funding requirements and, perhaps more importantly for a rural state, a system that works in the local community and gives social workers guidance on good practice, not just compliance issues. Public testimony at the State Legislature was also heard and taken into consideration. Conference calls with the Region VIII ACF office and the National Resource Center for Child Maltreatment and the National Resource Center for Organizational Improvement offered technical assistance in the development of this program improvement plan. It is the end goal that Montana will have a practice methodology for child welfare services whose infrastructure will support and enhance the work of the field and outcomes for children and families.

The goals of this plan are specific to the areas needing improvement in Montana’s CFSR final report. There are four themes that are the foundation of the plan:

- Strengthening the use of Family Group Decision-making Meetings and permanency planning meetings;
- A process to assess safety at initial assessment, foster care placement, reunification, and case closure;
- A case recording system that assists social workers and supervisors in developing and documenting strategic decisions assuring that appropriate parties are part of the decision making process; and
- A systematic quarterly review of a minimum sample of 25 selected cases with a standardized review tool to assure progress is being made in achieving the goals. The quarterly reviews will be major component of an ongoing quality assurance for the Division.

The standardized case review tool has been developed with assistance from the National Center on Organizational Improvement. A random sample of fifty cases, comprised of, twenty-two out of home, eight finalized adoption and twenty in home cases, drawn from the period of April 1, 2002 through September 30, 2002 will be reviewed to develop a baseline from which to measure progress in the program improvement plan. A review of those fifty cases will be completed by March 30, 2004 and the baseline will be reported in the first quarterly report due in April 2004.

The case review process that is being used in the measurement process is based on the CFSR onsite review instrument; yet it differs from the CFSR onsite case reviews because it relies solely on case file review and does not utilize case related interviews. The projected improvements that are included in the PIP are based on an understanding of the State's performance during the CFSR onsite review for the items and information available regarding the strategies for improvement at the time of approval of the PIP. Montana has concerns about how realistic the targeted improvements goals contained in the PIP for items 1, 8, 9, 13, 15, 16, and 18 will be in relation to the baselines that will be established as described above. To resolve this concern, the State and the Regional Office have agreed that once the baseline is established if the current goals for improvement of items 1, 8, 9, 13, 15, 16, and 18 appear unachievable, the State will provide to the Regional Office justification to renegotiate any of those specific item goals, based on an analysis of the baseline data between April and June 2004. In this way the consistency between the State's case review process and the CFSR onsite review process will be enhanced and targeted improvement goals will more reasonably be expected to be achieved before the PIP expires.

## **SECTION 1: OUTCOMES**

### **I. SAFETY**

#### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

Montana was in substantial conformity in 77.1 % of the applicable cases.

#### **Item 1. Timeliness of initiating investigations of reports of child maltreatment**

This item was rated as an area needing improvement.

Montana initiated investigations in 63% of the cases in a timely manner.

#### Indicators contributing to non-conformity:

1. At the time the review was held, Montana statute required a prompt investigation and a written report completed within sixty days of initiating the report. Policy followed this statute. There were not a specific number of days in which an investigation needed to be initiated. A timeframe of 14 days was imposed on Montana for the purposes of the review. Neither statute nor policy currently specifies timeframes in which an investigation should be initiated.
2. No formal risk assessments were required to prioritize reports during the period under review. Some reviewers felt that Montana's low substantiation rate may be due to the timeliness of investigations.

**Item 1 Goal: Timeliness of initiating investigation will improve by 10% from established baseline data by the end date of the PIP.**

**Sub goal: Face-to-face contact with the alleged victim will have occurred in 80% of the reviewed cases within 14 days of receiving the report by the end date of the PIP.**

Strategy: Effective October 1, 2003 CFSD will incorporate into policy a requirement to initiate all CPS reports within fourteen days of receiving the report.

To monitor progress on timeliness of investigation an ad hoc CAPS report will be run on reports received from October 1, 2003 through March 30, 2004. The ad hoc report will provide the management team with progress toward achieving the goal. A review of a sample of 50 reports appearing on the ad hoc report will determine if face-to-face contact with the alleged victim occurred within the fourteen days. Baselines will be determined from the report run on a sample of 50 cases reviewed from a six-month period prior to October 1, 2003.

Time Frame	Action Steps	Lead Staff
Completed March 2004	Baseline selected from ad hoc report or case review sample.	Program Assessment Team
Completed June 2004	Ad hoc report received from CAPS to monitor progress in meeting timeliness in initiating reports.	Kathy Ostrander
Bench marks: Baseline report run and sample completed. Subsequent reports run and case reviews completed. Face-to-face contact will have occurred in 75% of the applicable cases reviewed from the period April 1, 2004 through September 30, 2004.		

## **Item 2. Repeat maltreatment**

State Data Profile indicated incidence of repeat maltreatment in FY 2002 was 12 %; the national standard was 6%.

In 98% of the cases reviewed, there was no recurrence of maltreatment.

### **Indicator contributing to non-conformity:**

An analysis of reports indicating repeat maltreatment revealed that entry of duplicate reports of child abuse neglect in CAPS (information management system) and substantiating two reports with one investigation are believed to be the significant contributing factors.

**Item 2 Goal: Montana will reduce the incidence of repeat child maltreatment from 2002 report of 12% to 11% per the data profile generated in connection with the end of the 2 year PIP period.**

Strategy: It is held that this is a data problem and implementation of a new protocol for entering reports will dramatically improve the outcomes for reoccurrence of repeat maltreatment.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed April 2003	Develop and implement policy and protocol for adding new information to an open report.	Management Team
Completed May 2003	Train centralized intake staff and field supervisors in new protocol	Chris Purcell
Benchmarks: Policy and protocol implemented. NCANDS data will show no more than 11.5% repeat maltreatment in the 2003 report compared to the 2002 NCANDS report.		

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 4. Risk of harm to children**

Montana CFSD received an overall rating of needing improvement in this area. Eighty percent of cases reviewed were in substantial conformity.

Indicators contributing to non-conformity:

1. According to the case review, parents did not follow through with services as required and the agency did not respond in a manner to ensure that the children would not remain at risk.
2. Services necessary to target the key problems contributing to risk of harm were not addressed. The Division does not formally assess the family needs that contribute to risk or establish individual family safety standards.

**Item 4 Goal: Risk of harm to children who remain in their home will be reduced by 5% from established baseline data by end date of PIP.**

Strategy: A new work group (Safety System Team) of 12 individuals representing all aspects of CPS social work has been formed to develop safety and risk assessment system for the life of a case. The National Resource Center on Child Maltreatment is providing technical assistance in this endeavor. In order to develop this protocol the team had to process the concept of safety. Included in the discussion was much deliberation on:

- Safe vs. Unsafe
- Safety Assessment vs. Risk Assessment
- Safety plan vs. treatment plans
- How often safety should be assessed
- When it is safe for a child to return home
- What emerging danger is

The safety assessment protocol is based on three safety constructs; threats of harm, child vulnerability and protective capacities.

Safety will be assessed during investigation, at placement of the child, at reunification and case closure. Safety of children who remain at home will be reassessed at case closure or at any time factors require an assessment. Reunification and case closure assessments will review safety factors present at case opening and identify specifically what has occurred to mitigate the safety factor. The assessment will also screen for new concerns.

The assessment protocol will be implemented in stages. The investigation assessment stage will be completed and implemented by April 1, 2004. The remainder of the case protocol for assessing safety of a child during the life of a case will be completed by July 2004 and implemented by October 2004.

The first review of cases to measure improvement will take place after the practice has been implemented for a six-month period. Six months after the implementation of safety protocol, a random sample of cases opened during that period will be reviewed using a standard case review tool to assure that protocol is being followed.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed December 2003	Seek technical assistance from the Center on Child Maltreatment to develop an investigative safety assessment protocol.	Kathy Ostrander
Completed February 2004	Train field supervisors on investigative safety assessment protocol.	Staff Trainers
Completed March 2004	Train field social workers on Investigative safety assessment protocol	Supervisors
Completed March 2004	Investigative safety assessment implemented.	Supervisors
Completed August 2004	Safety assessment protocol for the life of a case is completed.	Safety System Team
Completed September 2004	Train field supervisors and staff on remainder of safety assessment protocol.	Safety System Team
Completed October 2004	Fully implement utilizing safety assessment for the life of the case.	Supervisors/Social Workers
Completed July 2005	Review a sample of cases to evaluate risk reduction by use of safety assessment protocol for the life of a case from the period October 1, 2004 to March 30, 2005.	Program Assessment Team
Benchmarks: Safety approach developed; training completed. Case reviews conducted from a random sample of cases drawn for the period October 1, 2003 through March 30, 2004 will demonstrate a 2.5 % reduction in risk of harm to children who remain in their home over the baseline.		

## **II. PERMANENCY**

**Outcome P1: Children have permanency and stability in their living situations**

**Item 5. Foster care re-entries**

In 50% of applicable cases, the child reentered care within twelve months of previous discharge.

Montana 2002 AFCARS data 16.1%---national standard 8.6%

**Indicators contributing to non-conformity:**

1. The state data profile may reflect a high re-entry rate due to a data entry problem in CAPS and not a practice issue. The CAPS system is also a payment system. It has been identified that social workers indicate a child had left and returned to foster care, when in actuality, the child may have run away or been in a trial home visit and returned to the same placement.
2. The case review indicated that 50% of the applicable cases (actual number 3) reviewed had foster care re-entries within 12 months of discharge from a prior foster care episode. The sample of foster care cases selected for review included cases in which the child had been adopted during or after the timeframe. Montana statute seals adoption records after finalization. The DPHHS legal unit determined that these cases could not be reviewed during the CFSR, August 2002. Therefore, they were eliminated from the sample. Because of this, only those foster care cases that had a very short history or a very long history in foster care were reviewed.
3. Foster care re-entries may also be due to lack of safety assessment for family unification and case closure.

**Item 5 Goal: Montana will reduce the re-entry rate from the 2002 report of 16.1% to 14.1% per the data profile generated in connectin with the end of the 2 year PIP period.**

Strategy: A programming change has been requested to CAPS to record a child in a status of a placement. For instance, if a child goes home on a trial home visit, the trial home visit will be recorded as a status, the foster care episode will continue.

The implementation of the safety assessment protocol at case closure will require the social worker and supervisor to fully assess safety at two important case milestones, reunification and case closure. It is hypothesized that a careful assessment at reunification and case closure will reduce re-entry rates.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed May 2003	Complete programming changes in CAPS and put them into production by June 1, 2003.	Patsy Mills
Completed April 2004	Run initial data reports to determine progress of achieving goal.	Dave Thorsen
Benchmarks: CAPS changes put into production; Foster care re-entries will be at 16% by March 30, 2004 as indicated by AFCARS report.		

**Item 6. Stability of foster care placement**

Seventy-nine percent of reviewed cases were in conformity.

Statewide data (2002) 84.1%---86.7% national standard for two or fewer placements.



Indicators contributing to non-conformity:

1. The children who pose the biggest challenge in achieving permanency are those children who have the most placements. Most of these children are over the age of twelve; most are seriously emotionally disturbed, posing challenges for service providers and caregivers.
2. The CAPS system tracks movement of children. Some of moves the child makes are to hospitals, or to respite placements that are counted as placements by CAPS. For example, family respite care for adolescents is difficult to find in many communities. Shelter care is a convenient way to give a breather for a foster parent. The placement in shelter care must be opened on CAPS and will show up as a placement and count in the state data profile.
3. It is frequently necessary to move children to certain placements to attain services that are required. An example of this is moving a child from regular family foster care to therapeutic foster care.
4. Foster families are not often asked what they need to maintain a child in care nor is a plan developed in advance for foster families to implement when acting out behavior occurs.
5. Because CFSD is limited in terms of our foster care resources, children are placed where there is an open bed. The needs of the child and the capabilities and interests of foster parents are not evaluated and support services are not considered. This reality sabotages the stability of the placement.

**Item 6 Goal: Stability of foster care placement will have improved by 4% from established baseline data by end of the PIP.**

**Montana will increase the stability of foster care placement measure from the 2002 report of 84.1% to 86.1% per the data profile generated in connection with the end of the two year PIP period.**

Strategy: There will be a dual approach to achieving this goal. One will involve an effort to improve the accuracy of data through programming changes in CAPS identified in item 5. The second will attempt to actually reduce the number of placements a child might actually have in the course of a year through social work practice changes.

The practice change will involve training staff in developing crisis plans for resource families based on a child's known behaviors and stressors and the families' skill in dealing with them. Frequently, resource families request a child to be removed when the family feels unsuccessful in changing behavior. A crisis plan gives the family a way of dealing with the behavior in a way that gives them control. For instance, if a child has disrupted a placement due to chronic running away, the family knows exactly how to deal with the behavior, increasing the likelihood that the placement will remain intact.

Time Frame	Action Steps	Lead Staff
Completed	Train staff on creating crisis plans (part of the	Designated Work

September 2004	safety assessment for life of the case protocol) at time of placement for difficult children placed with resource families.	Group
Completed October 2004	Implement crisis plan in practice	Supervisors
Benchmarks: Crisis plans implemented in at least 30% of applicable cases reviewed taken from a sample drawn October 1, 2004 to March 30, 2005.		

#### **Item 7. Permanency goal for children**

Seventy-two percent of the cases reviewed had appropriate permanency goals.

#### Indicators contributing to non-conformity:

1. Concurrent planning is not a consistent practice in Montana. Concurrent planning occurs most frequently when Family Group Decision-making Meetings and permanency planning meetings occur on a frequent basis.
2. Administrative and supervisory reviews do not focus on evaluating the appropriateness of established permanency goals.

#### **Item 7 Goal: Establishment and achievement of appropriate permanency goals will improve by 4% over established baseline data within two years of PIP approval.**

Strategy: When Family Group Decision-making Meetings and permanency planning meetings occur, appropriate permanency goals are established. Both of these practices have been implemented in practice in limited ways. Implementing this practice in a larger number of cases will show an improvement in this standard. Quality assurance reviews of a sample of cases at each quarterly statewide supervisors meeting will hold staff accountable to practice implementation by looking for evidence of the practice in each case reviewed. This strategy will also impact item goals 8 and 10.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
October 2003	Offer Family Group Decision-making Meetings to all families whose children enter care.	FGDM Coordinators
March 2004	Develop tracking tools for permanency planning meetings.	Eric Barnosky Permanency Planning Specialists
Initiated September 2004	The outcomes of permanency planning meetings are documented in every case file using permanency plan meeting report form.	Supervisors/Social Workers
Initiated October 2004	Evaluate permanency goals for appropriateness based on the hierarchy of preferred permanency goal options at supervisory reviews and FCRC.	Supervisors and FCRC

	Rationale for the goal will be documented in the case file. Approval of the permanency goal will be documented on the 427 B form by the FCRC.	
Benchmarks: Policy developed and trained. A 2% improvement of establishing and achieving appropriate permanency goals will achieve from the established baseline by December 30, 2005 based on a sample cases reviewed from the period of April 1, 2005 to September 30, 2005.		

### **Item 8. Reunification, Guardianship or Permanent Placement with Relatives**

Seventy-five percent of the reviewed cases indicated diligent efforts were made to achieve the goal of reunification, guardianship or permanent placement with relatives.

#### Indicator contributing to non-conformity:

Item eight was applicable for twelve cases. Of the three cases that did not show diligent efforts to achieve reunification or guardianship, it appeared that the best interests of the child had not been routinely evaluated in establishing a permanency goal. The goal of reunification had been in effect for too long of a period or the goal changed based on the whims of a parent.

#### **Item 8 Goal: Reunification, guardianship or permanent placement with relatives in a timely manner will be improved by 5% over the established baseline data within two years of PIP approval.**

Strategy: Appropriate permanency goals are established when cases are routinely reviewed in permanency planning meetings and permanency goals are evaluated during FCRC.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed March 2004	Develop tracking tools for permanency planning meetings.	Eric Barnosky Permanency Planning Specialists
Completed March 2004	Develop policy regarding procedure and frequency of permanency planning meetings.	Betsy Stimatz, Permanency Planning Specialists
Completed May 2004	Implement policy on the procedure and frequency of permanency planning meetings.	Permanency Planning Specialists
Completed September 2004	Refresher training for field staff on evaluation of permanency goals within the permanency options of ASFA and documentation of that evaluation.	Permanency Planning Specialists

Initiated October 2004	FCRC will evaluate permanency goals within the preferred hierarchy of ASFA permanency options and document that evaluation.	Supervisors
Benchmarks: Policy developed and trained. A 2.5% improvement, over the baseline data, in timely reunification, guardianship or permanent placement with a relative will be achieved by July 2005 from the sample of cases reviewed from the period of October 1, 2004 to March 30, 2005 compared to the baseline data.		

### **Item 9. Adoption**

Thirty-six percent of reviewed cases did not show diligent efforts to achieve adoption in a timely manner.

Statewide data 33.2%---32% national standard for achieving adoption within 24 months.

#### Indicators contributing to non-conformity:

1. Finalized adoption cases were not reviewed during the CFSR, only those foster care cases that had a very short history or a very long history in foster care were reviewed. This factor may have lead to misleading outcomes in the review. There is no indication that the state data profile is corrupt with misleading data for this item.
2. Social workers and Guardians Ad Litem may resist looking for adoptive homes when a child has been in long term foster care placement even when the foster parents are clear that they are not interested in or willing to adopt. The foster family may also not be willing to help prepare and work with the child to transition to an adoptive home. There is an assumption that adoption is in the child's best interest; however, the trauma a child may endure to move to an unknown adoptive home may deter professionals involved from pursuing the adoption goal. In some of these cases, it may not be in the child's best interest for adoption to be pursued.

#### **Item 9 Goal: Montana will improve documentation of diligent efforts to achieve adoption timeliness of adoptions by 5% over established baseline data within two years of PIP approval.**

Strategy: The management team believes the discrepancy between the state data and case review is due to the fact that finalized adoptions could not be reviewed and will keep timeliness data on each case that is sent to the central office.

The Division also wants to ensure that the priority permanency plan of adoption is diligently pursued and documented in case files. The most efficient way to achieve this is through permanency planning meetings as described in action steps for item goals 7, 8, and 10 to identify diligent efforts to achieve adoption and to identify specifics as to why pursuing adoption is not in the child's best interest.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed August 2004	Develop standard format for documenting outcomes of permanency planning meetings.	Permanency Planning Specialists
Completed	Train field staff on documenting outcomes of	Permanency

September 2004	permanency planning meetings in every case file by standard format.	Planning Specialists
Completed October 2004	Fully implement documentation of outcomes of permanency planning meetings in every case file by standard format.	Permanency Planning Specialists
Initiated October 2004	Draft a statutory change to allow review of finalized adoption records.	Shirley Brown
Benchmarks: Documentation of diligent efforts to achieve adoption in a timely manner will improve by 2.5% from the baseline in a sample of cases selected October 1, 2004 to March 30, 2005 by July 2005.		

#### **Item 10. Permanency goal of other planned permanent living arrangement**

Rated as strength in 57% of the applicable cases.

##### Indicators contributing to non-conformity:

1. The reviewers found that CFSD had not made diligent efforts to support children in the goal of long term foster care leading to emancipation/independent living.
2. There was a lack of documentation that long-term foster care providers were approached about adoption or guardianship.

##### **Item 10 Goal: From the baseline data there will be an improvement of 5% in the diligent efforts to support children in the goal of long-term foster care leading to emancipation/independent living.**

**Strategy:** Plans to improve the delivery of services to children aging out of the foster care system were in progress prior to the CFSR. CFSD has entered into an agreement with Casey Family Program and the Campus Compact to improve the use of Chaffee funds and outcomes for children who age out of foster care (Foster Care Independence Program). The purpose of the MOU is to provide oversight and direction for Montana's independent living program and to ensure that all eligible youth in Montana who emancipate or are about to emancipate from out-of-home care have the necessary skills and experience to achieve self-sufficiency. In addition, when Family Group Decision-making Meetings and permanency planning meetings occur, appropriate permanency goals are established and all permanency options are explored. Both of these tools have been implemented in practice in limited ways. Using this practice in a larger number of cases will show an improvement in this standard.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed September 2003	Train staff on the new Foster Care Independence Program.	Betsy Stimatz
Completed	Develop standard format for documenting	Permanency

August 2004	outcomes of permanency planning meetings in every case file.	Planning Specialists
Completed September 2004	Train field staff on documenting outcomes of permanency planning meetings in every case file by a standard format.	Supervisors/Social Workers
Initiated October 2004	Document the outcomes of permanency planning meetings in every case file by a standard format.	Supervisors/Social Workers
Initiated October 2004	FCRC will evaluate permanency goals within the preferred hierarchy of ASFA permanency options and document that evaluation.	Supervisors and FCRC
January 2005	Initiate Independent Living contract compliance reviews	Program Assessment Team
Benchmarks: Policy developed and implemented for permanency plan meetings. By July 1, 2004, support to foster children in long-term foster care through the foster care independence program will improve by 2.5 % from the baseline compared to applicable cases in a sample of cases drawn from the period of October 1, 2003 to March 30, 2004.		

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

Montana achieved substantial conformity in 75.9 % of the cases reviewed.

**Item 13. Visiting with parents and siblings in foster care**

This item was rated as an area needing improvement. Of the applicable cases, 67% received a rating of strength.

Indicators contributing to non-conformity:

1. Child/family visitation is a workload issue.
2. The importance of child/family visitation is not stressed in policy and training for social workers.

**Item 13 Goal: A 5% improvement in child visitation with parents and siblings over the established baseline data will be achieved with in two years of PIP approval.**

Strategy: Visitation opportunities will be increased by refocusing the Access and Visitation grant monies from child custody visitation to supervised visitation of parents and children in foster care. Current in-home service contracts will shift 10% of their funding toward supervised visitation. Social work staff has not had access to good tools for constructing meaningful visitation. Once those tools are in place and staff has been trained, social workers will be more likely to view visitation as a means to an end rather than a burden on their time.

Time Frame	Action Steps	Lead Staff
Completed	Adjust in-home services contracts to increase	Marcia Dias

July 2003	intensive visitation by 10% of the contract amount.	
Completed August 2003	Award Access and Visitation grant monies to providers who will facilitate and supervise visitation between parents and children.	Marcia Dias
Completed August 2004	Revise policy on visitation and develop visitation tool.	Program Bureau Policy Team
Completed September 2004	Train field staff and in-home services providers on the visitation tool to be utilized.	Program Bureau Policy Team Marcia Dias
Completed October 2004	Fully implement visitation tool and required documentation policy.	Staff/Supervisors/ In-Home Services Contractors
Benchmarks: New visitation contracts in place. Policy developed and trained by October 2004. A 2.5% improvement in sibling parent visitation will be achieved by July 2005 from a sample of applicable cases drawn from the period of October 1, 2004 through March 30, 2005.		

#### **Item 15. Relative placement**

This item was rated as an area needing improvement. In 79% of the cases CFSD did make a diligent effort to locate and assess relatives as a potential placement; however, when a relative placement disrupts, CFSD is not consistent in seeking other relative placements.

#### Indicator contributing to non-conformity:

Family Group Decision-making Meetings are not consistently offered on all cases and back-up resources are not identified when relative placement is selected.

#### **Item 15 Goal: A 6% improvement in documentation of diligent efforts to locate and assess relatives as a potential placement will be achieved over the baseline data by the end date of the PIP.**

Strategy: There are two practice points in a case where relative resources are and should be considered FGDMs and permanency staffings. Careful documentation of relative resource consideration must occur at these two practice points. Policy will require FGDMs to be offered to all families with children who have been placed in foster care. If a family declines a FGDM the relative resource issue will be a point of discussion at the permanency staffing, an internal staffing which will be held on every foster care case. Discussion with family concerning relative resources will be documented.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed September	Train field staff on offering Family Group Decision-making Meetings to all families whose	FGDM Coordinators

2003	children enter care to identify potential relative placements (at annual policy training).	
Completed October 2003	Implement offering Family Group Decision-making Meetings to all families whose children enter care to identify potential relative placements.	Supervisor/Social Workers
Completed April 2004	Policy on holding permanency meetings on every case of a child in care over 90 days will be implemented. The permanency plan meeting format will document diligent efforts to locate and assess relatives as a potential placement.	Permanency Planning Specialists/Program Bureau Policy Team
Benchmarks: By July 30, 2004, a 2% improvement in documentation of diligent efforts to locate and assess relatives as a potential placement will be achieved, from the baseline data, in a case review of applicable cases drawn for the period of October 1, 2003 through March 30, 2004.		

#### **Item 16. Relationship of child in care with parents**

This item received a rating of needs improvement. In 74% of the applicable cases, reviewers found that parent/child relationships were strengthened; however, CFSD did not use visitation as an opportunity to assess dynamics and strengthen relationships.

#### Indicators contributing to non-compliance:

1. Parent/child visitation is an area needing improvement in frequency and quality.
2. There is no formal observation evaluation criteria established for visitation and no established criteria for planning visitation activities for parents.

**Item 16 Goal: A strength rating for the relationship of a child in care with parents will improve by 3% over the baseline data within two years of implementation of the PIP. It will be rated as a strength when there is evidence that regular visitation and positive interactions between parents and child exist; or no visitation or evidence of a bond between parent and child, but evidence of efforts on the part of CFSD to promote visitation and support bonding with at least one parent.**

Strategy: Social work staff has not had tools available for constructing meaningful visitation. Visitation planning forms and observation tools will be used to assess the dynamics of parent child relationships and develop strategies for improving those relationships.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed August 2004	Select standard observation/evaluation criteria and planning visitation activities for parents and develop policy.	Program Bureau Policy Team
Completed September	Train field staff and contractors on the standard observation/evaluation criteria and planning	Program Bureau Policy Team



2004	visitation activities for parents.	Marcia Dias
Completed October 2004	Fully implement the visitation observation/evaluation criteria in policy and practice.	Supervisors
Completed July 2005	Tie observation criteria and visitation planning activities to contracts with providers who provide visitation service.	Marcia Dias
Benchmarks: Observation/evaluation tool is identified. Policy is developed and staff is trained. Contracts are executed. A 1% improvement in assessing dynamics and strengthening the relationship of a child in care with at least one parent during supervised visitation will be achieved by July 2005 in applicable cases drawn from a sample of case from the period October 1, 2004 through March 30, 2005.		

### III. CHILD AND FAMILY WELL-BEING

#### Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Montana did not achieve substantial conformity in this outcome. The outcome was substantially achieved for 51 % of the cases reviewed, which is less than the 90% required for a determination of substantial conformity.

#### **Item 17. Needs and services of child, parents, and foster parents**

This item was rated as an area of strength in 55% of the applicable cases reviewed.

#### Indicators contributing to non-conformity:

1. No uniform procedure or documentation tool for assessing the needs of children, parents, and foster parents exist.
2. Lack of documentation for this item may also contribute to the perception that service needs are not being met. Social workers may do an assessment but it is not written or formally discussed with the resource family.

#### **Item 17 Goal: An improvement of 3% in assessing the needs of child, parents and foster parents will be achieved over the established baseline data within two years of approval of the PIP.**

Strategy: Behavioral indicators will point to service needs for children, parents and foster families. If a behavioral assessment was required to be completed at time of placement, it is anticipated that performance in this item would improve. This assessment would also improve performance in items 22 and 23. A tool that guides the social worker in assessing behaviors would also document that an assessment was made. This will be incorporated as part of developing a case plan and involving the resource family and child in the planning. Technical assistance may be necessary to accomplish this goal.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed January 2004	Identify technical assistance resource in developing and implementing behavioral assessment procedure and documentation tool.	Policy Team Program Bureau
Completed August 2004	Incorporate procedure and tools in policy.	Policy Team Program Bureau
Completed September 2004	Train staff on behavioral assessment procedure.	Policy Team Program Bureau
Completed October 2004	Implement procedure and tools in practice.	Supervisor/Social Workers
Benchmarks: Technical assistance received; tools developed, incorporated, trained and implemented. An improvement of 2% in assessing the needs of child, parents and foster parents will be achieved over the established baseline data by July 2005 in applicable cases drawn from a sample of case from the period October 1, 2004 through March 30, 2005.		

#### **Item 18. Child and family involvement in case planning**

This item was rated an area of strength in 63% of the applicable cases.

##### Indicators contributing to non-conformity:

1. Family Group Decision-making Meetings are not offered to every family who has an open case.
2. Documentation of efforts to include families in case planning is inadequate.
3. The absent parent may not be involved in in-home service cases because CFSD has no legal authority to require absent parent-child contact and absent parent contact with a child may not be in the child's best interest.

#### **Items 18 Goal: An improvement of 4% in child and family involvement in case planning will be achieved over the established baseline data within two years of approval of the PIP.**

Strategy: FGDMs are a key to providing families opportunity to provide input into a case plan. Requiring that all families be offered a FGDM should increase the practice. In the event a parent declines a meeting another practice point must be developed to include that parent in planning. A case plan format that requires parent input would improve this outcome.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
August 2004	Develop policy requiring documentation that every family who has an open case will be	Program Bureau

	offered an opportunity to participate in case planning through FGDM or a meeting with the social worker.	
Completed September 2004	Train field staff on policy requiring documentation that every family with an open case will be offered an opportunity to participate in case planning through FGDM.	Program Bureau FGDM Coordinators
October 2004	Implement offering a FGDM to every family with an open case and documenting that every family with an open case will be offered an opportunity to participate in case planning.	Supervisors and field staff.
Completed January 2005	Develop policy improving the case plan format to insure that parent and child input is gathered in developing case plans.	Policy Unit Program Bureau
Completed February 2005	Train staff in case plan process and format.	Training Unit Policy Unit Program Bureau
Completed March 2005	Fully implement case plan process and format in practice.	Supervisors/Social Workers
Benchmarks: Policy on family participation in case planning is developed. Case record documentation is in policy, trained, and implemented. An improvement of 2 % in child and family involvement in case planning will be achieved over the established baseline data by July 2005 in applicable cases drawn from a sample of cases from the period. October 1, 2004 through March 30, 2005.		

#### **Item 19. Worker visits with child**

This item was as an area of strength in 76% of the applicable cases.

#### Indicators contributing to non-conformity:

1. Workload factors contribute to the ability of social workers to have face-to-face contact with children on a consistent basis.
2. CFSD does not have a protocol in place for social worker contact and does not have case record documentation standards for recording contact with child.

#### **Item 19 Goal: Social worker face-to-face contact with children in care will improve by 4% from established baseline data at the end of the PIP timeframe.**

Strategy: Scheduled and goal-directed activity for contact with a child will improve the probability of meaningful and regular contact with a child. The development of case recording standards, requiring child input on goal-directed case plans, will guide social worker contact with children on their caseload. This strategy will also improve performance on item 25.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed March 2004	Request technical assistance on goal setting documentation from NRC.	Program Bureau
Completed January 2005	Develop case record documentation policy	Policy Team Program Bureau
Completed February 2005	Train staff on case record documentation.	Assigned training team
Completed March 2005	Fully implement case record documentation in practice and policy.	Supervisors
Benchmarks: Technical Assistance received. Case record documentation is in policy, trained, and implemented. A 4% improvement in social worker face-to-face contact with children in foster care will be achieved over the established baseline data in a sample of cases drawn from April 1, 2005 through September 30, 2005.		

#### **Item 20. Worker visits with parents**

This item was an area of strength in 81% of the applicable cases.

#### Indicator contributing to non-conformity:

The indicators in item 19 apply to this item.

#### **Item 20 Goal: Social worker face-to-face contact with parents will improve by 4% from established baseline data at the end of the PIP timeframe.**

Strategy: The same strategy for item 19 applies to this item.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed April 2004	Request technical assistance on goal setting documentation from NRC.	Program Bureau
Completed January 2005	Develop policy for case record documentation	Policy Team Program Bureau
Completed February 2005	Train staff on case record documentation.	Assigned training team
Completed March 2005	Fully implement case record documentation in practice.	Supervisors/Social Workers
Benchmarks: Technical assistance received. Case record documentation is in policy, trained, and implemented. A 4% improvement in social worker face-to-face contact with parents will be achieved over the established baseline data in a sample of cases drawn from April 1, 2005 through September 30, 2005 by December 2005.		

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

Montana did not achieve substantial conformity with well being outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 67.4 % of the applicable cases, which is less than the 90% required for a determination of substantial conformity.

**Item 22. Physical health of the child**

Physical health of the child was rated as a strength in 83% of the applicable cases reviewed.

Indicators contributing to non-conformity:

1. Court orders authorizing routine medical care and physical examinations are seldom requested. Parents may not authorize a physical examination or routine medical care.
2. There are very few dentists in Montana who participate in the Medicaid plan.
3. The state budget crisis has curtailed Medicaid spending.
4. It is referenced in the review that the State did not obtain physical health care for children in their own homes. While it is good practice to refer children and families to health care providers, in-home services are generally not provided under a court order. Without the court order, CFSD has no legal authority to require routine health care.

**Item 22 Goal: An improvement in the rating of physical health of 2% over established baseline data will be achieved in reviewed cases two years after the PIP approval.**

Strategy: The target set for improvement of this goal is modest because CFSD has little ability to impact the economic factors in the state that contribute to the performance of this item. In an attempt to improve performance for this item the following action steps will be taken:

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Initiated by February 2004	Participate with representatives of the Health Services Policy Division to strategize recruitment of dentists to the Medicaid plan.	Policy Team Program Bureau
Completed August 2004	Revise FCRC format to include a specific physical health question.	Program Policy Team
Completed September 2004	Train field staff and FCRC members on the new FCRC format.	Policy Team Program Bureau
Initiated October 2004	Utilize FCRC to monitor the physical health of children by adding specific physical health question to the review format.	Supervisors

Completed October 2004	Update petition templates to routinely include requests for authorization of medical care including physical examinations.	Legal
Initiated December 2004	In one community in each region, work with dentists individually to accept foster children as Medicaid patients.	Regional Administrators
Benchmarks: An improvement of 1% in the physical health of children in care will be achieved by July 2005 in a review of sample cases drawn for the period of October 2004 through March 30, 2005.		

### **Item 23. Mental health needs of the child**

Item 23 was rated as a strength in 68% of 34 applicable cases (16 of which were foster care cases).

#### Indicators contributing to non-conformity:

1. The State currently lacks providers who accept Medicaid.
2. The State budget crisis has reduced mental health services.

**Item 23 Goal: An improvement in appropriately assessing the mental health of children in foster care of 4% over established baseline data would be achieved in reviewed cases two years after the PIP approval.**

Strategy: In order to improve performance in this item the following action steps will be completed:

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Initiated December 2003	Division Administrator will participate in Montana Policy Academy in developing systems of care for children with mental health needs and their families.	Shirley Brown
Completed August 2004	Develop a behavioral assessment tool and policy to assist foster parents and social workers in assessing the mental health needs of children.	Policy Team Program Bureau
Completed September 2004	Train field staff on the behavioral assessment tool and policy on assessing the mental health needs of children (annual policy training).	Policy Team Program Bureau
October 2004	Implement behavioral assessment tool in policy and practice.	Supervisors and Social workers
Initiated October	Utilize the FCRC to monitor the mental health of children by adding specific mental health	Supervisors

2004	questions to the review format.	
Benchmarks: Behavioral assessment developed and put in policy. A 2% improvement over the baseline data will be achieved by July 2005 from a sample of cases selected from the period of October 1, 2004 to March 30, 2005.		

## SECTION 2: SYSTEMIC FACTORS

### V. CASE REVIEW SYSTEM

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

This item was rated an area of needing improvement as both stakeholders and case review indicated that case plans were not developed jointly with parents.

1. There is confusion between case plans and treatment plans. Staff view case plans as a compliance document. Contrarily, treatment plans and voluntary treatment agreements are the heart of the direction of services and outcomes for children and families.
2. Aside from the initial 60-day case plan requirement, parents are invited to attend administrative reviews. This is the opportunity for parents and age appropriate children to provide input into the case plan. Current practices do not document the parents' and children's contributions to the case plan.

**Item 25 Goal: Montana will improve the documentation of the process that ensures each child has a written case plan that is developed jointly with the child's parents and include the required provisions in the cases at case review after PIP end date.**

Strategy: The implementation of case recording case plan format meant to improve performance in items 17, 18, 19, and 20 should also impact performance in this item. Once case plan format and documentation standards are in place a review of case records will establish the extent to which children and families are participating in the development of the case plan. The case review instrument that is used to review cases on a quarterly basis queries whether documentation exist in the case record.

Time Frame	Action Steps	Lead Staff
Completed January 2004	Case review instrument completed.	Pam Mayer
Completed February 2005	Incorporate training for staff on the inclusion of parents and child in case planning with training on case record documentation.	Policy Team Program Bureau
Completed March 2005	Require documentation of parental and child involvement at every FCRC.	Supervisors/Social Workers
Benchmarks: Develop baseline. Documentation for parental and child involvement in case plan will improve by 3% in the sample of cases selected from April 1, 2005 to		

September 1, 2005 by December 2005.

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every six months, either by court or administrative review.**

This item was rated as an area needing improvement. Stakeholders indicated the reviews were perfunctory and not consistently occurring for all youths in long-term foster care.

Indicators contributing to non-conformity:

1. The CSFR site, Billings (Yellowstone County), was cited as having perfunctory FCRC. Billings has a large foster care caseload and generally has a court hearing every six months on the status of a child in foster care. Although Federal regulation allows for a court to review cases of children in foster care, Montana statute requires these reviews to be held by administrative review. Although the court asks specific questions regarding permanency it does not include those findings in a court order. Yellowstone County has many other ways in which case plans are discussed and input is provided, including court hearings, which are held. The administrative review is seen as a compliance detail and does not impact the case outcomes in terms of achieving permanency.
2. It is unknown whether the FCRC process in Yellowstone County is indicative of FCRC statewide.
3. A stakeholder concern was that children in long-term foster care were not being reviewed.

**Item 26 Goal: A meaningful process for the periodic review of the status of each child, no less frequently than once every six months, either by the court or administrative review, will be developed by January 1, 2005.**

Strategy: Completing the action steps will improve performance for this item. It is anticipated that the survey of FCRC statewide will give CFSD the ability to determine if statewide improvements to FCRC are necessary. A training curriculum for FCRC members will assure that members fully understand their role. All children who are in foster care require review, this will be clarified during policy training.

Time Frame	Action Steps	Lead Staff
Initiated January 2004	Implement internal case review process.	Program Assessment Team
Initiated March 2004	Collaborate with courts, GAL, tribal authorities, and others to develop joint training on periodic reviews.	Training Team
Initiated March 2004	Survey a sample FCRC (Foster Care Review Committee) area to determine how meaningful FCRC is and to request ideas on making it more meaningful.	Policy Team Program Bureau
August 2004	Develop FCRC curriculum.	Program Policy



		Team
Completed September 2004	Training to staff and FCRC members on FCRC requirements during policy training	Program Bureau Training Team
October 2004	Implement FCRC requirements	Supervisors
Initiated October 2004	Introduce legislation to authorize the court to hold these review hearings in lieu of a foster care review.	Shirley Brown
Benchmarks: Survey completed. Curriculum developed. Training completed.		

**Item 27. Provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than 12 months thereafter.**

This item was rated as an area needing improvement because stakeholders indicated that court adherence to timely permanency hearings is inconsistent throughout the state.

Indicators contributing to non-conformity:

1. Montana statute governing children in foster care was modified to comply with the Adoption Safe Family Act in 1999 and in 2001. In 2001, Montana Code Annotated, Title 41, was completely reorganized. The county attorneys have not yet been fully familiarized with the permanency hearing requirements. Courts are closing cases after TPR.
2. Some judges have expressed concern that if, after 12 months of a child being placed in foster care, they make a finding that a petition for termination of parental rights should be filed, they are making a judgment that TPR should happen without the hearing the facts of the case.

**Item 27 Goal: Montana will develop a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court no later than 12 months from the date the child entered foster care and no less frequently than 12 months thereafter.**

Strategy: Establish a baseline for timeliness of hearings in the June 2003 IV-E audit. Work with the courts at a local level to assure that permanency hearings are held in a timely manner.

Time Frame	Action Steps	Lead Staff
Completed July 2003	Establish baseline for timeliness of hearings from the June 2003 IV-E audit (72.5%).	Pam Mayer
Completed September 2003 Met Net	Provide training on permanency hearings to county attorneys and judges with the trainings on legislative changes.	Shirley Brown
January 2004	Begin reviewing cases to assess improvement on	Program

	the timeliness of permanency hearings.	Assessment Team
Completed March 2004	Join with Court Assessment Project to work with courts in improving timeliness of permanency plan hearings	Program Bureau staff assigned to CAP advisory council.
Completed June 2004 Legal Summit	Provide training on permanency hearings to county attorneys and judges with the trainings on legislative changes.	Shirley Brown
October 2004	Introduce legislation to allow FCRC to conduct permanency hearing to be effective upon signing by the Governor.	Shirley Brown
Benchmarks: A 5% improvement in the timeliness of permanency planning hearings in a sample of cases reviewed from October 1, 2003 to March 30, 2004, in May 2004, compared to the timeliness of hearings as determined by the IV-E review.		

## VI. QUALITY ASSURANCE SYSTEM

Montana is not in compliance with the factor of quality assurance system.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect their safety and health.**

### Factors contributing to non-conformity:

1. Low standards have been set for face-to-face contact with children in foster care due to workload issues. There are concerns that this low standard may contribute to failure to provide quality care for children in foster care.
2. Homes are licensed for capacity based on space, skill, and request of foster parent. Lack of placement resources often requires an adjustment in the license for the number of children in the home. This may interfere with the quality of care a child receives in the home.

### **Item 30 Goal a: Montana will increase the standard for face-to-face contact with children in foster care.**

Strategy: The same strategies implemented for items 17-20 should improve performance for this item. An overall revamping of requirements for parental/child participation in case plans; parent-child visitation and child assessment will streamline workload and allow worker time for face-to-face contact.

The implementation of the safety system will also improve performance for this item.

### **Item 30 Goal b: Montana will develop a standard for increasing the number of children for which a home is licensed.**

Strategy: A work group comprised of Family Resource Specialist Supervisors will develop licensing standards for increasing the number of children for which a home is licensed that assures the safety of the children in the home.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed August 2004	Revise policy manual on face-to-face contact requirements	Program Bureau Policy Team
Completed August 2004	Set standards for increasing the capacity of resource homes.	FRS Team
Completed September 2004	Incorporate face-to-face standards in annual policy training.	Program Bureau Policy Team
Completed September 2004	Train field staff on license capacity of resource homes.	Program Bureau Policy Team/FRS Team
Completed October 2004	Fully implement face-to-face standards in practice.	Supervisors/Social Workers
Completed October 2004	Implement standards for increasing the capacity of resource homes.	Family Resource Specialists
Completed March 2005	Remainder of action steps in items 17-20 that impact this goal with start dates after October 2004.	As designated in items 17- 20
Benchmarks: Policy developed, staff trained, and policy implemented. Upon review of cases, from October 1, 2004 to March 30, 2005 frequency of contacts as required by policy is met in 50% of the cases reviewed.		

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CSFP are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

Montana is not in compliance with this item.

Indicators contributing to non-compliance:

1. Montana has always faced critical staffing shortage to provide direct services in the field. Every FTE CFSD has received has been allocated to reduce the workload through systems improvement. Therefore, there is a limited number of staff dedicated to the area of QA.
2. Montana does not have statewide practice guidelines for documentation of case activities.

**Item 31 Goal a: Montana will improve quality assurance by developing guidelines for documentation of case activities statewide by July 2004.**

Strategy: Standard recording criteria (as described in items 17-20) will improve the outcomes for quality assurance.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed April 2004	Request technical assistance on goal setting documentation from NRC.	Program Bureau
Completed January 2005	Develop case record documentation policy.	Policy Team Program Bureau
Completed February 2005	Train staff on case record documentation.	Assigned training team
Completed March 2005	Fully implement case record documentation in practice.	Supervisors
Benchmarks: Technical Assistance received. Case record documentation is in policy, trained, and implemented.		

**Item 31 Goal b: Montana will be systematic in reviewing cases for quality assurance using a format adapted from the federal review by January 2004.**

Strategy: A case review tool has developed with the assistance of the National Resource Center on Organizational Improvement. The tool is designed to measure achievement toward the goals of the program improvement plan as well as monitor adherence to state law, rule, and policy. A random sample of 50 cases (comprised of twenty-two out of home, eight finalized adoption and twenty in home cases) drawn from the period of April 1, 2002 through September 30, 2002 will be reviewed to develop a baseline from which to measure progress in the program improvement plan. Seven Program Bureau staff located in central office and in the regions will review these cases.

Each quarter ten cases will be reviewed by supervisors at the quarterly meeting, in addition five quality assurance specialists located in each region will be assigned to review fifteen cases. The total number of cases to be reviewed each quarter will equal 25 (including both out of home and in home cases).

The sample will be drawn from a six-month period in keeping with AFCAR reporting. Each six-month period will have a total of fifty cases reviewed which will be compared to the baseline. The review period will be the immediate six months activities leading toward a goal have been implemented. For example if a new policy intended to produce improved outcomes is implemented on April 1, 2004 the sample will be drawn from cases open from April 1, 2004 through September 30, 2004. The first reporting that can be done on the progress toward meeting the goal will be in October 2004. Alternate quarterly PIP reports will be focused on completion of activities. The data supporting reaching the target goals will be reported semi annually.

<b>Time Frame</b>	<b>Action Steps</b>	<b>Lead Staff</b>
Completed	Draw a case sample for review to develop	Program

January 2004	baseline.	Assessment Team
Completed March 2004	Review fifty cases for baseline and have baseline established.	Program Assessment Team
Benchmarks: Base line established for each of the areas requiring improvement in safety, permanency, and well-being.		